

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003489

FILED
Apr 29, 2011
Secretary of State

Entity Name: CREATIVE HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

1800 N. WABASH AVENUE, STE. 202
MARION, IN 46952

New Principal Place of Business:

1800 N. WABASH AVENUE, STE. 203
MARION, IN 46952

Current Mailing Address:

1800 N. WABASH AVENUE, STE. 202
MARION, IN 46952

New Mailing Address:

1800 N. WABASH AVENUE, STE. 203
MARION, IN 46952

FEI Number: 35-2129490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUGHTON, SAMUEL A
500 SOUTH FLORIDA AVENUE, STE. 800
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CLAYTON, JEFFREY
Address: 1800 N. WABASH AVENUE, STE. 203
City-St-Zip: MARION, IN 46952

Title: MGRM
Name: SECK, WILLIAM
Address: 1800 N. WABASH AVENUE, STE. 203
City-St-Zip: MARION, IN 46952

Title: MGRM
Name: GIBSON, CULLEN
Address: 1800 N. WABASH AVENUE, STE. 203
City-St-Zip: MARION, IN 46952

Title: MGRM
Name: FIELDS, BRAD
Address: 1800 N. WABASH AVENUE, STE. 203
City-St-Zip: MARION, IN 46952

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JULIE TRIMBLE

HR

04/29/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date